

AWARE NEWSLETTER

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Canada's Global Commitment Regarding HIV

Canada has made a global commitment among many different organisations and committees regarding the elimination of the HIV/AIDS epidemic by 2030. Firstly, we have committed to UNAIDS Sustainable Development Goals, one of which is to help end the AIDS epidemic by 2030. Second, we have committed among G7 to eliminate new cases of HIV as a part of our 2030 goals. Lastly, we have committed to the 90-90-90 goals for 2020 as a joint venture between the WHO and UNAIDS global health sector strategy.

This means that:

- 90% of people with HIV know their infection status
- 90% of people diagnosed with HIV receive HIV treatment
- 90% of people taking treatment have an undetectable viral load

We are closing in on some of our goals, but not all and some populations are being left out in strategies to increase testing and treatment.

We Are Not Meeting All Our Goals

According to PHAC's (Public Health Agency of Canada) 2018 Surveillance report there was a 25.3% increase in HIV cases between 2014 and 2018. Moreover the rate of diagnoses is also increasing. From 2017 to 2018 the rate of diagnoses increased from 6.5 to 6.9 per 100,000. These numbers may seem small, but HIV affects 68,000 individuals in Canada and 38 million people globally according to an UNAIDS 2020 factsheet. Of the 68,000 people living with HIV in Canada 14% are unaware of their status making testing and subsequent treatment incredibly important to stop the spread of HIV.

gbMSM (gay and bisexual men who have sex with men) in particular are disproportionately affected by HIV (Dec. 5, 2019, PHAC). Other populations that receive systemically unequal and inequitable medical attention such as African, Caribbean, black Canadians; Indigenous peoples; new immigrants; and people who use (intravenous) substances are likewise disproportionately affected by HIV. This means that those most in need of access and support with testing and treatment are not receiving that support.

Though there are issues to reaching our goals, we are making progress in increasing peoples awareness of their status and this means that rates of treatment and transmission are lowering as well. Lastly, we still have time and recommendations for change that we can implement.

What We Can Do To Improve

The two largest inhibitors to eliminating the HIV/AIDS epidemic is the lack of testing and treatment among marginalized populations and an overburden and lack of support on AIDS service organisations. Many HIV and AIDS Service organisations, like Northreach Society, are also addressing other STIs and STBBIs (Sexually Transmitted Blood Borne Pathogens such as Hepatitis C) and the current opioid crisis. This is due to the high correlation between STBBIs/HIV and substance use, and the ways in which substance use and HIV are both highly stigmatised. However, this places a high burden on the organisations to accomplish the Government of Canada's goals across many fronts while addressing on the ground crises. Moreover, COVID-19 has halted many organisations abilities to provide de-stigmatised, confidential testing in 2020 and into 2021.

A re-uptake in testing and treatment program, and more funding to more fully address our HIV and AIDS 2030 goals will better accomplish what we've committed to. However, we've seen a decrease in funding and closure of important programs that address the intersections of race, gender, sexuality, substance use, and HIV transmission and infection. The Canadian Aids Society (CAS) reiterates the lack of funding towards HIV servicing agencies and programming as on the main drawbacks for reaching our goals. CAS endorses the recommendation of Canada providing \$100 million annually in funding solely for HIV/AIDS in addition to financially supporting National Testing Day.

Most importantly, we need to reuptake successful prevention strategies, namely encouraging and distributing barriers (i.e., condoms) and educating on and implementing harm reduction strategies. Providing an increase in access to supplies, programs, and agencies through funding and support will remove the burden of support on smaller agencies that serve large populations and/or large service areas and increase testing and treatment while decreasing transmission.

Sources:

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